

REQUEST FOR MEDICAL COMMENTS (BLACK LUNG)

____ Office of Civil Actions _____ OAO
____ New Court Case _____ Court Remand _____ Request for Review _____ Comprehensive Review

CLAIMANT

ANALYST AND DATE

____ Miner _____ Survivor _____ Child (Disabled)

A/N

REVIEWER AND DATE

1. MINER'S DOB _____ MINER'S DOD _____ CHILD'S DOB _____ Initial Entitlement _____ Cessation
____ NEW REFERRAL _____ PRIOR REFERRAL

2. DATE CLAIM FILED _____

3. NO. OF YEARS MINER WORKED IN COAL MINING _____

____ ALLEGED _____ ESTABLISHED

4. PERIOD AT ISSUE _____

5. EVALUATION NEEDED ON BODY SYSTEM(s) (Circle) _____

RESP

CV

OTHER (Indicate) _____

6. MEDICAL TESTIMONY AT HEARING _____

____ None
____ Medical Advisor _____ See notes on left side of HF _____ See Pg. _____ of [transcript][hearing decision]
____ Other (attending physician, CE) _____ See notes on left side of HF _____ See Pg. _____ of [transcript][hearing decision]

7. PERTINENT FACTORS (e.g., medical history, daily activities, testimony, etc.) _____

_____8. MEDICAL QUESTION OR PROBLEM _____

